

Screening

Introduction

The screening function is divided among a number of OMS components: Clinical Activities Division, Selection Processing Division, Psychiatric Division, and Psychological Services Staff. Moreover, screening involves different target groups including applicants for employment; employees going overseas; employees and dependents going to Iron Curtain countries; non-official cover personnel; candidates for the CT and other special programs.

We and our medical consultant have commented on various aspects of screening throughout this report. In this section we will attempt not to duplicate observations already made, but to deal with aspects of screening which cut across organizational lines or involve line management as much as OMS.

Applicants for Employment

We believe OMS should review its physical examination procedures for applicants for employment, with a view towards cutting costs. It is unlikely that we need to set stringent standards for individuals coming on board into low level permanent Headquarters positions. Moreover, the great majority of young applicants will not have developed serious physical problems. It might be more efficient to limit physicals for entrants into low level jobs to an automated history; blood chemistry profile; hematology, and TB tine test. If these initial tests indicated problems, then additional procedures would, of course, be in order.

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Conversely, it may be desirable to modify our psychological/psychiatric testing of applicants. There is evidence from a small number of cases that individuals with major character disorders (e.g., Kampiles and the "Corporal") can slip through the screening process. An OMS psychologist commented to us that current testing procedures are effective in detecting the neurotic and the psychotic, but far less likely to catch the person with a psychopathic or sociopathic personality.

We have not had the opportunity to solicit the advice of specialists on this subject. Merely "tightening" our procedures could possibly deny us the services of capable individuals while still permitting questionable applicants to slip through. It appears evident that one useful first step would be, as we have suggested elsewhere, the analysis of data on problem cases which have developed. Too often post mortems on "flaps" like the Kampiles case focus too much on who is to blame rather than on what we can learn from such an incident to protect ourselves in the future.

The new D/MS appears to have in mind assigning such a research function to the Environmental Health and Preventive Medicine Officer. We endorse this intention, and would only point out that to do an adequate analytical job will require the substantial participation of Clinical, Psychiatric and Psychological components of OMS, that is: the task cannot be left to one individual.

Employees Assigned Overseas

We also believe that screening of employees and dependents prior to overseas assignments should be broadened, and have recommended that,

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if careful study proves it feasible, the psychiatric examinations of employee and spouse now routinely given to families assigned behind the Iron Curtain be expanded to include the more stressful posts outside the communist world. (See Tab A for the medical consultant's views on such screening). In addition, we feel that management must also improve its selection procedures for overseas assignments. In our travels we ran into a number of employees who would have been better off at a different post. Several non-hardship, low stress Stations were involved.

For example, in one post the two staff clericals were both single parents. This placed an undue strain on the Station, which could not be confident of clerical support in an emergency, and also created stress for these two conscientious employees, who at times found themselves torn between domestic and professional obligations. (See Field Visit Report on

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having difficulty adjusting to life outside the official American community. Station management thought they would survive, but maintaining their morale had become a continuing effort for his supervisor, the DCOS. A secretary sent to another Station had already been identified by management as someone who most likely would not weather a full tour. report.)

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In these instances we are probably dealing in part with the consequences of a general shortage of clericals in the DO willing to go overseas;

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we still believe that greater efforts could be made to rationalize clerical assignments. Both the single parent clericals, we feel, might have been happier, and might have proved less of a hindrance to the Station, if assigned to larger posts, or at least not to the same small Station.

If, on the other hand, personnel shortages compel us to take chances with employees or dependents who can be expected to have adjustment problems, management must take whatever steps are possible to minimize risk. Both the appropriate RMO and the Chief of Station should be informed about possible problems so that they can take appropriate measures to reduce stress, arrange for periodic observation, etc. This has not always been done in the past.

Screening of Dependents of Applicants

In the Department of State Newsletter for August-September 1980, in an article entitled "Addressing the Needs of Foreign Service Families," Dr. Lloyd S. Rotz, State RMO in Bogota, writes, "The time is long overdue for the Department of State at its highest levels to accept the fact that when it hires a Foreign Service employee, it is not just hiring an employee, it is hiring his or her family as well...The concept of hiring a family unit, not just the employee, must be accepted as policy and applied at the beginning--when a candidate is being considered for appointment. Some people are not emotionally well suited to the inherent stress of living overseas. Children may have learning handicaps and/or unique emotional requirements which cannot be adequately satisfied living as an overseas transient..."

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The author goes on to advocate a program of psychological screening for the entire Foreign Service applicant family. While admitting it would be costly, and perhaps handicap recruitment, he argues that it could save money in the long run by spotting problems in advance, thus preventing medevacs or reducing the number of unhappy families and, in consequence, inefficient Foreign Service Officers abroad.

We believe Dr. Rotz's ideas are worth consideration by OMS, at least as far as dependents of applicants for the CT program and OC are concerned, and suggest that a cost-benefit study be undertaken.

Recommendation*

We recommend that:

- The D/MS ensure that the appropriate RMO and Chief of Station are advised concerning serious medical problems of overseas employees and dependents.

*Recommendation F22, included in the Executive Summary applies to this section as well.

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